

City of Williamsburg
Department of Public Utilities

Cross Connection Control and Backflow Prevention Test Form

Mail completed original test form to:
(1 form per each device)

City of Williamsburg
401 Lafayette Ave.
Williamsburg, VA 23185

Attn: Backflow Cross Connection Utility Technician

Name of Premises _____

Service Address _____

Use & Location of Device _____

Device _____

Manufacturer

Model

Size

Serial Number

Line Pressure at Time of Test _____ psi Existing/Replacement/New Device (circle one)

Reduced Pressure Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	Yes/No (circle one)		Yes/No (circle one)
Pressure drop across Ck. Valve #1	min. of 5.0 psid	_____ psid (A)		_____ psid
Check Valve #2	Closed tight?	Yes/No (circle one)		Yes/No (circle one)
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened at _____ psid (B)		Opened at _____ psid
Pressure Buffer	A-B = or > 3.0 psid	_____ psid		_____ psid
Double Check Valve Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a min. of 1.0 psid?	Yes/No (circle one)		Yes/No (circle one)
		_____ psid		_____ psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	Yes/No (circle one)		Yes/No (circle one)
		_____ psid		_____ psid
Pressure Vacuum Breaker	Requirements	Initial Test	Repairs	Retest
Air Inlet	Opened at a min. Of 1.0 psid?	Yes/No (circle one)		Yes/No (circle one)
		_____ psid		_____ psid
Check Valve	Closed at a min. Of 1.0 psid?	Yes/No (circle one)		Yes/No (circle one)
		_____ Psid		_____ psid

Remarks: _____

Testing Company _____ Phone # _____

Company Address _____

License # _____ Expiration Date _____ City of Certification _____

Certification: I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name _____

(Print)

(Signature)

(Date)